

DOCTOR'S CERTIFICATE

(To be completed by Doctor)

**PLEASE NOTE: A medical examination by the Student's Doctor is not required.
Any fee required for completion of the form is the responsibility of the patient.**

Patient Full Name _____

Date of Birth _____

Course _____

Start Date _____

The above named patient is registered with your practice, and has been offered a place to undertake course with work based placements. Following the recommendations of the document "Mental Health and Employment in the NHS" by the Department of Health in 2002, it is recommended that an enquiry is made to the General Practitioner as to whether there is any evidence from their medical records, or from the GP's knowledge of the patient, which could give rise to concern regarding their ability to undertake work based placements.

I would be very grateful if you could complete the short questionnaire below

Summary of serious illness:-

Year	Diagnosis

To the best of my knowledge there are no medical, psychological or psychiatric problems which might give rise for concern with regard to commencement of a work based placement.

I confirm that the information I have provided is correct to the best of my knowledge and belief.

Doctor's Signature _____

Date _____

Doctor's Name
(in block capitals) _____

Please complete the immunisation record on the following page

IMMUNISATIONS

Please complete the table below and attach evidence of vaccination records and serology reports for the vaccinations detailed below. For Exposure Prone Procedure (EPP) students, proof of negative hepatitis B surface antigen, negative HIV and hepatitis C status is required; these will be completed as part of their Occupational Health assessment on commencement of their course.

Immunisation	Dates	Antibody result (if known/ applicable)
Tetanus		
Polio		
Diphtheria		
BCG (TB vaccination)		
Tuberculin Skin Test (Mantoux/Heaf)		
MMR 1		
MMR 2		
Varicella Immunity or positive history of chickenpox		
Meningitis C (recommended for University students)		
Hepatitis B injection 1		
Hepatitis B injection 2		
Hepatitis B injection 3		
Hepatitis B Antibody Test		
Hepatitis B injection 5 year booster		
Hepatitis B Surface Antigen (Validated Sample required)		
HIV (Validated Sample required)		
Hepatitis C antibody (Validated Sample required)		

Practice Stamp

PLEASE RETURN THIS FORM TO THE PATIENT